

## **Helping Children Handle Disaster-Related Anxiety**

A disaster such as a fire, tornado, or flood, touches everyone in a community. Children, especially, may feel frightened, insecure, or upset by what happened. When children display a variety of emotional responses after a disaster, it is important to remember that many of these responses are expectable reactions to such an event. Children sense the anxiety and tension in adults around them. And, like adults, children experience the same feelings of helplessness and lack of control that disasters can bring about. Unlike adults, however, children have little experience to help them place their current problems into perspective.

Each child responds differently to disasters, depending on his or her understanding and maturity, but it's easy to see how an event like this can create a great deal of anxiety in children of all ages because they will interpret the disaster as a personal danger to themselves and those they care about. Whatever the child's age or relationship to the damage caused by disaster, it's important that you be open about the consequences for your family, and that you encourage him or her to talk about it.

Joann Young, coordinator of Iowa's Post-Disaster Crisis Counseling Project, explains that, "Fear is a normal reaction to disaster and children often express fear through continuing anxieties long after the disaster is over." In dealing with these emotions, Young says it's best to accept them as being very real to the children. "Children are most fearful when they don't understand what's happening around them," she said. "Parents should make every effort to keep their children informed about what is happening and explain in language they can understand."

The following lists indicate common reactions of children and adolescents by specific age groups. These symptoms of stress may appear immediately after the disaster for several days, weeks, or even months later. These lists are not exhaustive but do provide a guide to indications of problems that parents can look for. It's important to remember that when children evidence these behaviors, they are not "being bad" – they're afraid.

### **Pre-School**

- Crying
- loss of bladder/bowel control
- thumbsucking
- fear of being left alone
- fear of strangers
- clinging
- irritability
- regression to earlier behaviors
- confusion
- nightmares

### **Age 6 to 11 Years**

Children this age may ask many questions about the disaster, and it's important that you try to answer them in clear and simple language.

- headaches and other physical complaints
- fears about indications of another disaster
- depression
- fighting
- confusion
- not wanting to attend school

- inability to concentrate
- nightmares

### **Ages 12 to 17 Years**

- headaches and other physical complaint
- poor performance in school or athletics
- depression
- withdrawal and isolation
- confusion
- fear of a similar disaster
- aggressive behavior
- sleep disturbance

Sleep disturbances are among the most common problems after a disaster. Children may resist bedtime and become unable to sleep or unwilling to sleep in their own rooms or beds. Such behaviors are disruptive to a child's well-being and also increase stress for their parents. Persistent bedtime problems such as nightmares may point to deep-seated fears which may require professional referral and help.

If your child develops a sleep disturbance, explore your family's sleep arrangements. You may need to develop a familiar bedtime routine, such as reinstating a specific time for going to bed, or plan calming, pre-bedtime activities. Developing a quiet recreation in which the total family participates is also helpful.

School is a major source of activity, guidance, direction, and structure for children. When a youngster who has survived a disaster avoids school, it may generally be assumed that a serious problem exists. One of the reasons for not going to school may be fear of being separated from loved ones. Encourage your child to return to school and talk to your child's teachers regarding any problems evident either at home or in school. Parent-teacher meetings and programs may help integrate family and school efforts to reassure and encourage a child.

Parents and family are the most important resources to help children recover as quickly as possible. Young offers the following suggestions for parents who are helping their children resolve their feelings after a disaster.

Talk with your children. This is a good way to recognize feelings of anger, fear, and helplessness. As you talk with your child about his or her feelings, share your own feelings about the disaster.

Provide him or her with information in language he or she can understand.

Reassure your child that you are together and safe. Initially you may have to repeat these assurances often. Don't say disasters will never affect your family again; children will know this isn't true. Instead, say, "You're safe now and I'll always try to protect you," or "The grown ups are working very hard to make things safe." Remind children that disasters are very rare. Children's fears often get worse around bedtime, so you might want to stick around until the child falls asleep in order to make him or her feel protected.

Don't be afraid to say, "I don't know." Part of keeping discussion of the disaster open and honest is not being afraid to say you don't know how to answer a child's question. When such an occasion arises, explain to your child that disasters are extremely rare, and they cause feelings that even adults have trouble dealing with. Temper this by explaining that, even so, adults will always work very hard to keep children safe and secure.

Hold the child. Touching is important.

Spend extra time with your child at bedtime.

Provide play experiences for your child. Large muscle activities, such as playing ball or riding a bike can help.

Images of the disaster and the damage are extremely frightening to children, so consider limiting the amount of media coverage they see. A good way to do this without calling attention to your own concern is to regularly schedule an activity—story reading, drawing, movies, or letter writing, for example—during news shows.

Allow your child to mourn and grieve over a lost toy, a lost blanket, a lost home.

As with younger children, school-age children sometimes find comfort in expressing themselves through playing games or drawing scenes of the disaster. Allowing them to do so, and then talking about it, gives you the chance to “re-tell” the ending of the game or the story they have expressed in pictures with an emphasis on personal safety.

Talk to your child's teacher if you feel he or she is having problems at school, so you and the teacher can work together to help.

Many children feel comforted and reassured if they know their family is prepared for a future disaster. Talk with your child about what your family will do if another disaster strikes.

Encourage older youth to work out their concerns about the disaster. Adolescents may try to downplay their worries. It is generally a good idea to talk about these issues, keeping the lines of communication open and remaining honest about the financial, physical and emotional impact of the disaster on your family. When adolescents are frightened, they may express their fear through acting out or regressing to younger habits.

Adolescents may turn to their friends for support. Encourage friends and families to get together and discuss the event to allay fears.

Talking openly with your children will help them recover more quickly from the loss and pain of a disaster. If you are especially concerned about your own or your child's response or if you have further questions, contact your local mental health agency--the San Bernardino County Dept. of Behavioral Health--at 888-743-1478.

## **EMOTIONAL COPING WITH DISASTER**

### **Christopher Ebbe, Ph.D.**

In light of the recent devastating fires in this area, it is especially relevant right now to attend to how people react to disasters and how they can cope effectively with the emotional effects of the disaster. Everyone is emotionally impacted, including the firefighters, the mayor, the teachers, and all the rest of us, regardless of how "strong" we were during the crisis and regardless of whether we think we are just "shaking it off" and "getting on with business." Each person's reaction to stress is unique, but the following are common reactions during a disaster or traumatic incident and immediately afterward:

- Irritability
- worry
- anger
- anxiety
- headaches
- intrusive thoughts and memories of the scene
- nausea
- feeling faint
- slowing of response
- chest pain
- confusion
- lump in throat
- distractedness
- difficulty breathing
- difficulty concentrating
- exaggerated startle reaction
- forgetfulness
- rashes
- difficulty prioritizing and making decisions
- no appetite
- tremor and shaking
- poor judgment
- fatigue
- agitation and jitteriness

During and after disasters, people are also more prone to be injured, because of being distracted by the impact of what they are seeing around them or remembering what they have been through. Take your time and do whatever you need to do to concentrate adequately on your tasks!

After the first week, additional common reactions are:

- Apathy
- moodiness
- social isolation
- denial of any problems
- having no feelings (feeling numb)
- sleep difficulties
- sadness
- survivor guilt
- crying
- proneness to colds and other
- nightmares
- illnesses
- tendency to overuse alcohol/rugs/medicines

A disaster or traumatic incident upsets our normal expectations for how the world should be, and may also upset our expectations of how we should react. These stresses require adjustment, but some people try to adjust by denying all problems, withdrawing from life, and suffering in silence. These denial responses tend to lead to long-term maladaptive reactions, such as chronic anger or fatigue, substance abuse,

workaholism, post-traumatic stress disorder, and chronic increased susceptibility to all illnesses.

Here are some suggestions for proven methods of coping with the emotional aftermath of a disaster or other trauma.

Give yourself the time and space to heal.

It is normal to feel any or all of the feelings above. Let yourself have them. Don't criticize yourself for your feelings or deny yourself the right to have them.

Be compassionate toward yourself. Do what is good for you. Do some things that you enjoy.

Let yourself experience and deal with your true feelings about what you went through. Don't detach yourself from the incident or deny that it really happened. If you need the assistance and support of someone else to deal with your feelings, then find the person you

need and ask for his or her help, whether that is a friend, a minister, or a counselor.

Let yourself grieve for people or possessions you have lost. Say goodbye in a meaningful way if you haven't already.

Process any feelings of guilt or responsibility that you have for what happened. Use others (friend, minister, supervisor, etc.) to help you get an appropriate perspective on guilt and responsibility issues.

Take care of any lingering feelings of survivor guilt (guilt that others suffered more than you) that you might have.

If it feels right, keep in touch with some of those from whom you have been separated due to the disaster. (Also, it may be helpful to continue to talk about what happened with some others who went through the same disaster.)

Get back to your normal routines as soon as you can.

Don't isolate yourself. Spend some positive time with friends. Make some new friends if your living situation has changed.

Take good care of yourself physically and emotionally. Take care of all health problems. Eat right. Try to get enough sleep.

DON'T turn to alcohol or drugs to avoid your emotions. Deal with your feelings directly.

Plan realistically for how to be better prepared in the future and how to protect yourself better from something similar happening to you again.

Take time within yourself to adjust your view of real life or reality to accommodate what you have experienced. Don't avoid the truth, but don't avoid living either.

If troublesome emotional reactions continue, consider seeking help from a therapist or

counselor. Your County Behavioral Health Department is ready to provide post-disaster counseling and other help. (You can go to any of the DBH clinics or call 888-743-1478 to locate a clinic near you.)

## Dealing with Grief in the Workplace

As a result of the recent devastating fires and their aftermath, many people have lost homes or loved ones, and some of those people may be your own co-workers. Few people know how to react when a coworker is grieving, particularly if the grief is over the loss of a loved one. That awkwardness can stem from several things, including (1) not knowing if the bereaved person wants to disclose their pain at work; (2) not understanding the grieving process; and (3) not knowing the grieving person very well.

While each experience of grief is unique, people in mourning may feel out of control because their emotions fluctuate so quickly. From moment to moment, a person may experience intense regret, guilt, anger, sadness, depression, relief or anxiety. Unfortunately, there is no “quick fix” for this situation. Grieving simply has to be “lived through,” no matter how long it takes.

Author Alice Koller explains that in cases of grief over death, everyone else sees that death is an event in the past, while the person grieving views it as the beginning of life without a loved one. Therefore, the grieving process could last for months and sometimes even years. It's important to keep this in mind and always be sensitive to grief-stricken employees as they continue to cope with this difficult time.

### Helping a coworker cope

**Acknowledge your coworker's grief.** It's okay if you can't find the right words, because there are no words that can take away the pain. What is really important is your effort to connect. A sincere, “I'm sorry for your loss,” is enough to let your coworker know you care. You can also write a note if you feel it would be more appropriate than a conversation at the office.

**Listen.** Listening may take a little more emotional energy, but it is even more valuable than talking. Each time the person has a chance to tell the story, they gain a bit more perspective, and that usually lessens the stress.

**Offer support.** It's common for people to say, “If there's anything I can do, just let me know.” However, most grieving people don't accept such a vague offer of help. It's better to make specific offers like cooking a meal, caring for children or pets, or helping with shopping or other errands. The following are other ways that you can help:

**Before the funeral--**offer to house-sit during the funeral (burglary prevention); offer transportation from the airport for out of town relatives or friends; or offer to provide food.

**After the funeral--**Stay in touch individually or select one person from the office to speak for the group. If you're close to the grieving person, offer to share information with other employees. Ask the grieving person what they want their coworkers to know. Again, listen if he or she feels like talking.

**At the office--**Let the person grieve in his or her own way. If diving into work is what's needed, don't attempt to lighten the workload. Or, if the person seems to be moving back into work slowly, see if you can ease the workload.

Accept that moods may be inconsistent for a long time. Be aware that intense feelings can re-emerge beyond the survivor's control.

Understand that some people may experience a kind of numbness, and their grieving may not begin until weeks or even months after the death.

Give your coworker privacy and confidentiality.

Avoid being judgmental of whatever way your coworker grieves.

Don't share stories of your own losses unless you're certain the person can tolerate more pain. (If an old grief surfaces in connection with your coworker's grief, honor it, but not necessarily with your newly grieving coworker.)

**Respect your own needs**--Many people are uncomfortable displaying their emotions publicly, and likewise feel uncomfortable responding to feelings of grief. People who find tears or expressions of strong emotions unsettling tend to instinctively avoid a grieving coworker — which inadvertently makes the coworker feel even more alone. If you find yourself uncomfortable approaching a coworker whom recently experienced a loss, consider sending flowers or a card instead of sharing your sympathy face-to-face.

**When More Help Is Needed**--When grief reactions go on too long or are too intense, threatening to harm the person's overall adaptation, it may be time to seek additional help. Counselors and other mental health professionals are available. (The San Bernardino County Dept. of Behavioral Health is offering disaster counseling and further help as well. You may go to any DBH clinic or call 888-743-1478 to locate a clinic near you. Private practice professionals can be found through the yellow pages.)

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## **Posttraumatic Stress Disorder—When the Disaster Live On**

Everyone is affected emotionally in some way by a nearby disaster, such as our recent fires. Those who are affected most seriously develop the symptoms of posttraumatic stress disorder (PTSD), which involves pronounced symptoms of distress after experiencing or witnessing a traumatic event such as rape or other criminal assault, war child abuse, natural disasters, or catastrophic accidents that include intense fear, helplessness, or horror. These profound feelings of disturbance persist at least a month and cause significant distress or serious compromise of social, occupational, or other important areas of functioning. PTSD can occur immediately after the initial traumatizing incident or it can have a delayed onset in which the symptoms begin to surface many months later.

Symptoms of posttraumatic stress disorder include:

- Persistently re-experiencing the event through intrusive thoughts, dreams, or flashback episodes.
- Intense distress when exposed to cues that symbolize or resemble the event.
- Avoiding stimuli associated with the event and numbing general responsiveness by: avoiding thoughts, feelings, conversation, activities, places, or people associated with the trauma.
- Having an inability to recall important aspects of the trauma.
- Lack of interest in participating in regular activities.
- Feeling irretrievably detached from others.
- A restriction of the normal range of emotions, often including the inability to have loving relationships.
- Exaggerated and easily provoked startle response.
- Difficulty sleeping
- Irritability or angry outbursts.
- Difficulty concentrating.
- Sense of foreshortened future.
- Feelings of guilt about the event.

Posttraumatic stress disorder has frequently been referred to as “shell shock” or “battle fatigue syndrome.” While the exact cause of PTSD is as yet unknown, it is clear that a person with PTSD must have experienced a profoundly distressing event, such as a natural disaster, assault, combat, or serious accident, and it is also understood that the disorder tends to be more severe when the stressor involves deliberate human malice, as opposed to a twist of fate or bad luck. Because not all people who experience a serious stressor develop PTSD, other variables, such as personality and biology, may play a role in who does or does not get the disorder.

Most people who are exposed to a traumatic stressor experience some of the symptoms of PTSD in the days and weeks following exposure. Available data suggest that among individuals who go on to develop PTSD, roughly 30% develop a chronic form that persists throughout an individual’s lifetime.



Recent findings from Harvard researchers describe how children from violent homes are especially susceptible to PTSD. A child's vulnerability and helplessness amidst the daily violence and dangerous discord of their family life can be as if they'd experienced war or a natural disaster.

PTSD is associated with increased likelihood of co-occurring mental disorders. In a large-scale study, 88% of men and 79% of women with PTSD also met criteria for another mental disorder. The co-occurring disorders most prevalent for men with PTSD were alcohol abuse or dependence (51.9%), major depressive episode (47.9%), conduct disorder (43.3%), and drug abuse and dependence (34.5%). The disorders most frequently comorbid with PTSD among women were major depressive disorder (48.5%), simple phobia (29%), social phobia (28.4%) and alcohol abuse and dependence (27.9%).

PTSD also makes a significant impact on psychosocial functioning, independent of comorbid conditions. For instance, Vietnam veterans with PTSD were found to have profound and pervasive problems in their daily lives. This included problems in family and other interpersonal relationships, employment, and involvement with the criminal justice system.

Headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain, or discomfort in other parts of the body are common in people with PTSD. Often, medical doctors treat the symptoms without being aware that they stem from PTSD.

The course of chronic PTSD usually has periods of exacerbation and remission or decrease, although for some individuals symptoms may persist at an unremitting, severe level. Some older veterans who report a lifetime of no or only mild symptoms have experienced symptoms exacerbations following retirement, severe medical illness in themselves or a loved one, or exposure to reminders of their military service (such as reunions or media broadcasts of the anniversaries of war events).

An estimated 7.8% of Americans experience PTSD at some point in their lives, with women (10.4%) twice as likely as men (5%) to experience the disorder. About 3.6% of U.S. adults, ages 18 to 54 (5.2 million people), have PTSD during the course of a given year. This represents a small proportion of those who have experienced a traumatic event at some point in their lives. (60.7% of men and 51.2% of women reported having experienced at least one traumatic event in their lives.)

The traumatic events commonly associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood physical abuse. For women, the most common trigger events are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

About 30% of the men and women who have spent time in war zones experience PTSD. An additional 20% to 25% have had partial PTSD at some point in their lives. Thus, more than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced "clinically serious stress reaction symptoms." PTSD has also been detected among veterans of the Gulf War, with some estimates running as high as 8%.

PTSD is treated by a variety of forms of psychotherapy and drug therapy. While there is no definitive treatment, some treatments appear to be quite promising, especially cognitive-behavioral therapy, group therapy and exposure therapy, in which

the individual repeatedly relives the frightening experience under controlled conditions to help him or her work through the trauma.

Studies have also shown that medication along with therapy can provide effective treatment. Medications can help ease associated symptoms of depression and anxiety and help ease sleep. Recent findings on the biological changes associated with PTSD have spurred new research into drugs that target these biological changes, which may lead to much increased efficacy.

If you experience a number of the above symptoms, which persist over time, you may benefit from seeking help from your local mental health agency-San Bernardino County Department of Behavior Health-can provide treatment. Call them at 888-743-1478.

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## **Dealing With Stress Caused By a Disaster**

A major disaster not only leaves a trail of lives lost, physical injuries, and property destruction in its wake, it also results in thousands of its victims—along with untold numbers of those who are indirectly yet still very affected—suffering from a damaged sense of emotional balance.

In addition to healing bodies, mourning losses, restoring buildings, and replacing material possessions during the recovery period, all of those affected, directly and indirectly, need to devote time to restoring their own emotional equilibrium. (This can be especially important for children who do not have years of life experience to guide them.)

Whether or not you were directly affected by a disaster or violent event, it's normal to feel anxious about your own safety and that of your loved ones, to picture the disturbing event in your mind again and again, to experience nightmares, to feel hyper-alert and constantly on-edge, and to fearfully imagine how you would react in a similar emergency.

People react in different ways to trauma. Some become irritable or depressed, others lose sleep or have nightmares, others deny their feelings or simply “blank out” the troubling event. While it may feel better to pretend the event did not happen, in the long run it is best to be honest about your feelings and to allow yourself to acknowledge the sense of loss and uncertainty.

It is important to realize that, while things may seem off balance for a while, your life will return to normal. Don't, on the other hand, expect things to instantly restore themselves. Accept that restoration (both physical and emotional) take time.

Determine what's really important, keeping in mind that your spouse's or other close family members' or friends' viewpoints on what should be considered top priority may be different from yours.

Realize that disaster victims have suffered losses and it's natural for them to express disbelief, anger, sadness, anxiety, and depression afterwards.

Realize that the emotions of victims will roller-coaster and moods can change unexpectedly.

Don't overload the feelings of children as you deal with the situation. They need to feel that they can count on you for the extra attention, love, and support needed to get through. Reassure them, making sure they understand they are not responsible for the problems you face.

Resume your normal daily routines as fully as possible. This includes getting proper rest and observing a reasonable bedtime and start to your day.

Get adequate exercise and make a point of eating healthy foods and not skipping meals.

Refocusing on the big picture, instead of the little details and the little problems, will help give you a sense of competency.

Be aware of the tendency to resort to bad habits when you are under stress.

Make extra efforts to surround yourself with those things that are especially beautiful to you—e.g., music, fresh flowers, poetry, literature (books on tape are good when you find it's too hard concentrate on reading), walks outdoors—and, very

important, make room in each day to enjoy the company of people in your life whom you love.

Find ways to help those in need, e.g., volunteer work for a local charity; offering to read to school children, the elderly, or hospital patients; organizing local book or clothing drives; donating at the neighborhood blood bank; making contributions to those organizations providing relief help.

Be patient and understanding with your own many conflicting emotions as you would be for a much-loved friend or family member.

While you will always remember the event, the painful feelings will decrease over time. You will eventually come to understand that, in learning to cope with tragedy, you have become stronger, more adaptable, and more self-reliant.

If you experience depression, anxiety, or other serious disruption in your functioning that does not soon return to normal, you may benefit from talking with a counselor. Your San Bernardino County Dept. of Behavioral Health has counselors available for disaster counseling and other assistance--call them at 888-743-1478.

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## EMOTIONAL REPONSES TO DISASTER

When disasters such as a fire, flood or tornado strike a community, the physical damage is immediate and visible. Loss of life, personal injuries and destruction of property take an immediate and evident toll. What may not be as obvious, but which also take a very real toll are the emotional response to disaster. These emotional responses are frequently felt by survivors of disaster and can make the disaster a very real presence long after the material damage is repaired.

In the first days and weeks following a disaster, people may feel numbness and shock. Often, a period of confusion follows as people struggle to pick up the pieces. Strong feelings of vulnerability and helplessness may occur as people realize the security of their daily lives has been disrupted. Even those who were not directly affected by damage or loss may develop "survivor's guilt." Though not directly affected, they are confused and upset and may wonder why they feel that way when so many other people suffered actual injuries or loss of property.

Joann Young, coordinator of a grant from the Federal Emergency Management Agency to help Iowa countries with crisis counseling, says that as time goes on and people begin returning to their own lives, disaster survivors may develop troubling emotional responses. Bureaucratic problems and red tape can add to worry and stress. The following list covers many of the emotional responses a person may feel after a disaster. Young stresses that these responses are normal. However, people often ignore or deny their feelings. She says the quickest way to work through an emotional response is to acknowledge and discuss your feelings.

Symptoms may include:

- Anxiety, depression or loss of interest in work, family, hobbies, or education.
- Feeling pressured to complete repairs as soon as possible.
- Headaches, stomach problems, high blood pressure, frequent colds or an increase in allergies.
- Sadness and longing for lost possessions.
- Fear and anxiety after returning to the location of the disaster.
- Nervousness or irritability
- Trouble sleeping or nightmares
- Sadness at memories of earlier happier events before the disaster such as holidays, birthdays, the changing of seasons.
- Increased alcohol or drug consumption by survivors of disasters.

Acknowledging your feelings and stress is the first step in feeling better.

Other helpful things to do include talking to family or friends about your disaster experiences. Talking about your feelings, anxieties, and vulnerabilities make it much easier for family and friends to talk about theirs.

Take time off from cares, worries and home repairs. Take time for recreation, relaxation, or a favorite hobby. Getting away from home for a day or a few hours with close friends can help.

Pay attention to your health, especially to good diet and adequate sleep. Relaxation exercises may help if you have difficulty sleeping.

Prepare for future emergencies to lessen feelings of helplessness and to bring peace of mind. Buy emergency supplies, know how to shut off utilities, know where to go if you must evacuate and know local resources.

Rebuild personal relationships in addition to repairing other aspects of your life. Couples should make time to be alone together, both to talk and to have fun. Try to avoid taking anger or irritability out on each other. For some couples, counseling can be helpful.

You may know only too well the losses, pain and difficulties of recovering from a disaster. The healing process can be helped if you also recognize and appreciate any positive effects this experience has had on your life. Maybe the disaster allowed you to meet your neighbors for the first time; perhaps it was a new opportunity to participate in community activities or to use leadership skills you never knew you had. Try to identify these positive aspects, small as they may seem, for yourself and for those close to you as you handle the stress of being a victim of a disaster.

If stress, anxiety, depression or physical problems continue, you may wish to contact the post-disaster services provided by the San Bernardino County, Department of Behavior Health. The service is staffed by counselors trained to talk with people who are coping with disaster related problems. For further information on available services call 888-743-1478.

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